



TRANSMITTAL FORM

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|--|----|------------------------|----------------|
| | | Application No. | 09/636,393 |
| | | Filing Date | August 9, 2000 |
| | | First Named Inventor | Nizar Alibhoy |
| | | Art Unit | 3621 |
| | | Examiner Name | Firmin Backer |
| Total Number of Pages in This Submission | 22 | Attorney Docket Number | 5004P015 |

ENCLOSURES (check all that apply)

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|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| | | <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Request for Continued Examination (RCE) Transmittal Under 37 CFR 1.114; Return postcard. </div> |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|--|--|
| Firm or Individual name | Daniel M. DeVos, Reg. No. 37,813 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP | |
| Signature | | |
| Date | 4/6/05 | |

CERTIFICATE OF MAILING/TRANSMISSION

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Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
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